Remittent Inflammatory Fever. Admitted March 22d 1849 #3

In the great variety of diseases incident to humanity there are few to be found which inspire more dread, and assail more powerfully the fair fabrick of our constitution, than the one which I have attempted to describe under the name of Remittent Inflammatory fever. This is confessedly a new disease, as will be shown in the sequel, and one on which I enter with great diffidence, aware of my inability to do the subject justice, but I hope it will be viewed with an indulgent eye. It being the first production of a juvenile mind. An attempt therefore, to investigate its nature, and elucidate its cure, is a sufficient apology for my writing on the subject. A correct narrative of facts and observations is all that I aim at, and if I should be so fortunate as to remove the veil from a single impediment, it will be a sufficient remuneration for the errors which I may have committed. This is all that I can, all that I dare hope for. If however in this I have failed, I can offer no other apology, than that it was written not from the effect of choice, but in compliance with a law of the University, imposed on every candidate for a degree in Medicine.

But it is bound to stand on the intrinsick basis of its own merit, or if it be destitute of this, with an eye of pity let it sink into the Ocean of ~~eternity~~ oblivion which so justly awaits the reception of all which are not found worthy of emerging from it. History of the Remittent Inflammatory fever. The Remittent Inflammatory fever made its appearance in Warren County Maryland on or about the 15th of June. The weather at that time was extremely warm: the mercury in the thermometer stood at 102. It is true that the dismal cloud which at that moment hung over our heads was little anticipated, until it burst on us with all its energy. Tho I have been informed by one of the most respectable practitioners of the southern states, to wit, Doctor John M Walker, that he had seen one or two instances of it previous to the commencement of the Pneumonia Typhoides, to which it bears no very small resemblance. It attacks persons of all ages and habits, but more particularly the young and plethoric, those between the age of twenty and thirty five, a period in which, the passions blow a constant gale, and the pursuits of

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business and pleasure are prosecuted with ardour and zeal. Males are more subject to it than females.

The whole medical authority unite in opinion that the disease is not contageous. It first commenced (agreeable to the observation of myself and medical friends, on an elevated situation on Roanoke river, and gradually extended itself over the adjacent counties, spreading dismay throughout its pervading operation. It resembles in some degree the disease described by Wallace * under the name of Vascula sanguineous inflammatory fever, and also the one described by Grant † under the name of synochus non putris. The symptoms with which this pestilential calamity commences, are a sense of great lassitude of the whole body, a dull heavy pain about the sacrum, or knees, or both of them, succeeded by rigours, impaired vision, diminished appetite, a noise in the ears, these symptom are shortly followed by a redness of the face, throbing of the temples, adeung pull, and frequent pulse, a pain in the head with a peculiar undescribable sensation of lightness

* page 209
† Volume 1st page 151

This is a sure attendant: difficulty of breathing, nausea, the skin is commonly cold, the eyes inflamed and incapable of bearing the sensation of light, the tongue is furred, with white in the centre, and round the edges purple without fur, the urine is high coloured and deposits no sediment, and the patient is generally costive. These symptoms commence moderately and steal on insensibly for several days, during which the patient is able to attend to his ordinary occupation, until they become so very violent that he is compelled to retire to his bed: and it is a singular fact that the longer a patient continues to go about after he is seized with the disease, the more dangerous it becomes and the harder it is to subdue. This is owing to the great exhaustion of the excitability of the system. The disease hastens remissions in the 24 hours, until it becomes dangerous, they are then imperceptible. A recovery at this stage of the disease may be considered doubtful. The patient now loathes all kind of food, partial rivals suddenly appear and as soon disappear

and are for the most part confined to the head and superior extremities, the complexion becomes sallow, with a meager expression of the countenance, evidently indicating a confinement of blood to the large vessels, and on this account, the determination to the surface, is considerably diminished.
About the 14th day it commonly happens, when no relief has been afforded, for the patient to be seized with a violent pain in the abdomen. The pulse at this time is extremely small and irregular and the patient is sometimes delirious. These symptoms make hasty strides, and just before dissolution the pain ceases, the patient becomes fully possessed of every faculty of the senses and sound mind; and is frequently able to raise himself up, in the erect posture.
All these symptoms conspire to flatter those unacquainted with the disease, with the pleasing hopes of a speedy recovery: but soon they are found to be delusive, the awful scene is quickly closed, and the curtain drops, which seperates life from death. Precisely such a description of any disease Gentlemen Professors, I am bound to acknowledge I have never seen in any book. But it is truly as near the picture of it

as I am able to draw from the bedside of the patient.

Diagnosis. The diseases, with which the inflammatory fever is liable to be confounded, the full and I hope accurate description already given of it, renders any thing on the subject of the diagnosis totally unnecessary. As no physician who attends to the history of the disease will mistake it for any other.

Remote cause. What shall I say of the remote cause of this disease, which has made such havoc and devastation, and spread a temporary gloom on the face of a portion of our country. Were I able to remove the veil and search into the inmost recesses of nature, then I would disclose and elucidate the remote cause. There are many cases in which it appears obvious: but as I cannot trace the origin of it to any remote cause in a majority of cases, without resorting to a depraved state of the atmosphere, I shall content myself with dispensing with it, until I can bring some proof in support of my conjecture. Those persons who have been least exposed to marsh miasmata have been the most frequent subjects of its attack.

Doctor Sydenham remarks* that "There are various general constitutions of years; that owe their origin neither to heat, cold, dryness, nor moisture; but rather depend upon a certain secret and inexplicable alteration in the bowels of the earth, whence the air becomes impregnated with such kinds of effluvia as subject the human body to particular distempers; so long as that constitution prevails, which after a certain course of years, declines and gives way to an other.

Each of these general constitutions is attended with its own proper and peculiar kind of fever." This is precisely applicable to the disease now before us; for the rain which fell on the 20th of August did not seem to counteract it, in the smallest degree, which clearly proves that it does not depend on the extreme warmth of the weather.

Many conjectures it is true, might be offered and supported by those capable of spreading darkness for a season around the brightest truths, and giving a temporary lustre to the wildest hypothesis. Until further light shall be reflected on the subject by some person of more experience or better qualified than myself. I shall consider

* page the 4th on epidemic diseases

the remote cause as I have before stated a morbid condition of the atmosphere. There are unquestionably certain limits prescribed to the human researches, beyond which the fancy may take its flights, and theory make wide excursions, all is conjecture, obscurity, or profound darkness. Proximate cause.

Says Doctor Thomas, "Numerous are the writers, who, for upwards of a century, have successively exerted their talents in pointing out what each conceived to be the proximate cause, or essential nature of fever, some supposing it to consist of a noxious matter, introduced, into or generated in the body, the increased action of the heart and arteries being an effort of nature to expel this morbific matter, others offering it as their opinion, that it consisted in an increased secretion of bile, and others again, that it is to be attributed to a spasmodic constriction of the extreme vessels on the surface of the body, which, indeed, was the doctrine taught by the late Doctor Cullen."

It is not my business were I able to investigate these

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different hypothesis. From those multifarious and highly respectable opinions I must however rash, beg leave to dissent, and offer as a conjecture a morbid irregularity of the sanguiferous system. As I think it more fully explains the nature and cure of fever in general, and more particularly the one which has been my province to treat. In this conjecture I think I am fortified by the evidence of the late Doctor Rush. "Morbid action in the bloodvessels, whether it consists of preternatural force and frequency, or preternatural force without frequency, or frequency without force constitutes fever." This observation I think sufficient, without any further disquisition, to establish the point.

Prognosis. With respect to the rules whereby a judgment may be formed, as to the probable event of the disease, our judgment is in this like in many others, very fallacious and liable to many imperfections. Says Doctor Baldwell: "The practice of prognosis is one in which all practitioners, but especially young ones ought to deal with the utmost caution. Altho' it is both natural and right for them to exercise their penetration & sagacity in endeavouring to form some opinion as to the probable termination of every case of disease.

prudence and a due regard to their own reputation requires of them not to be very liberal in the communication of that opinion to others. One false prediction may do them an injury which ten correct ones will not remedy."

However it may not be improper to remark that if the pain in the abdomen supervenes, the case is dubious. But if to this be added a sudden return of the intellectual operations, exemption from pain, polished tongue, and hiccough, the case will certainly terminate fatally.

If on the contrary the febrile symptoms gradually subside on the 11th or 14th day, and no pain in the abdomen supervene, we may expect a recovery.

Cure

I have now arrive at the most important part of the subject, whatever may be the remote cause, it will in no wise influence the mode of treatment, as it is evidently out of our power to remove it. The Remittent Inflammatory fever is not one of those diseases, which shed an opprobrium on our science, when met in the early stage with prompt and judicious treatment.

But it is equally true that there is no disease more dan-
gerous in its nature, than a neglected or ill treated remit-
tent inflammatory fever.

Called to a patient in the incipient stage, no practition-
er ought for a moment to hesitate in giving an Emetic, the
best of which is Ipecacuanha and Tartar Emetic, 15 Grains
of the former with 3 of the latter, mixed in half a pint
of tepid water, to be given in divided doses until it ope-
rates. Taught by the practice of our learned and ingenious
Professor Chapman, we commence the cure of fever with
an Emetic. Sydenham says:* "If any one should ask at what
time of the fever I would give a vomit. I say at the very begin-
ing, if I had my choice, in order to prevent those dreadful sym-
toms arising from a collection of humours in the stomach, and
parts adjacent; and thus, perhaps, the distemper may be crushed
in the begining; which might otherwise increase, and prove
both obstinate and dangerous, whilst supplied by these humours,
which, enter into the recesses of the body, may mix with the
mass of blood, or, growing more corrupt by longer contin-
uance." I have commonly found a puke in the commencement

* page 18th In treating of continued fevers

of this disease to relieve the stomach, remove the disturbed vision, and impaired hearing, and sometimes, entirely eradicate the whole of the symptoms. I have always found it to do good, it destroys the very root, and consequently the branches, must wither and die. But it frequently happens, that the physician is not called in, until the disease has so insinuated itself in the system as to compel the patient to retire to his chamber. The symptoms at this stage: I have endeavoured to describe when on the history of the disease; every one of which seems to indicate the use of the lancet. After venesection a vomit should be given.

Sydenham observes,* "that if the patient requires both bleeding and vomiting, it is safest to bleed first, and give the vomit afterwards, otherwise there would be danger that, whilst the bloodvessels are greatly distended, the violent motion in vomiting might burst the vessels ~~the~~ of the lungs, or hurt the brain, and occasion a vomiting of blood, or a mortal apoplexy: of which I could give some instances, if it were proper, but my design is only to caution."

* page 197th

In bleeding we should be cautious to make a large orifice, and I may here remark that it frequently happens before the patient loses ℥ 12 of blood, syncope comes on: a circumstance well calculated to deter the practitioner from the further use of the lancet. But the patient will bear the loss of more blood the 2nd than the first time. I have found it requisite to bleed copiously three times in 24 hours.

It relaxes the vascular system, diminishes action and takes off plethora. The pulse in this fever, is apt, however, to become fuller and stronger after bleeding, which may easily ~~be easily~~ be explained, for the plethora may be so great, as to distend the vessels beyond their proper tone: and in such cases the blood vessels cannot act fully, and the pulse becomes contracted. But when the plethora is taken off by copious bleeding, and the vessels are allowed to contract properly, the pulse becomes fuller which shows that the remedy has been proper: and should induce us to repeat the operation, if the case requires it.

Depend on it, Venesection is the anchor of safety, and the physician who does not employ it to the full extent requisite is amenable for the shipwreck of life in the storm

their lowering on the system. The pulse is sometimes weak, apparently owing to direct* debility, when in truth the bloodvessels are distended beyond their proper tone.

In a case like this, I have known the cure commenced by the most diffusible stimuli, by a physician who did not understand the disease. The patient receiving no aid, the stimulating plan was withheld: and shortly after, the patient was bled: the consequence was, the pulse rose, and he happily recovered, it is impossible to lay down precise rules to go by. I can only say when the use of the lancet has been too long neglected, that much must depend on the discernment and skill of the prudent physician, who will regulate his remedies, according to the effect produced.

After bleeding and vomiting, if there remains any pain in the head, giddiness or stupor, topical bloodletting should be employed, either by leeches or cups, the latter of which, I prefer, If the symptoms do not yield to this practice, the head should be shaved and a blister applied on it.

This gentlemen I can declare to you with the greatest truth, I have never known to fail.

The stomach and bowels should be cleansed by a strong

* That Doctor Rush calls the oppressed pulse

cathartic of calomel and Jalap. And afterwards kept sufficiently open by cooling laxatives. Sudorifics do not appear to be advisable in this fever, as I have uniformly found them rather more pernicious than salutary. We should carefully avoid every thing which contributes to increase the inflammatory symptoms.
such as exercise of the body and mind, all noise &c.
The patient is therefore to be kept perfectly quiet. The covering of his bed is to be light, and his chamber of a moderate temperature, by allowing a free admission of cool air into it.
Cold as an antiphlogistic remedy should never be applied in so high a degree, as to produce a disagreeable sensation. If it be, it will prove injurious. Antebrilique powder dissolved in a half pint of water, should be given every one in two hours. composed of the following ingredients.

℞ Sal: Nitre: ʒj
Calomel, gr. X
Tart: Emet: gr. j ⁂

The calomel and Tartar Emetic must be regulated according to circumstances. If a Ptyalism is produced it is an auspicious symptom. If the inflammatory symptoms run high

⁂ to be pulv. and divide into vj powders

It is best to give the febrifuge powder once in 4 hours, and in the interval ℥j of the acetate of potash, made by neutralizing the acetic acid with the sub carbonate.

It equalizes excitement, and determines to the surface. The case must be an extremely rare one not to yield to this practice. If the pain in the abdomen formerly spoken of, should supervene, before the arrival of the physician, a blister should be immediately applied, and the bowels kept open by calomel and emollient clysters.

After the inflammatory symptoms, are sufficiently subdued, the Peruvian bark, may be given in doses of one teaspoonful in some convenient vehicle, except spirituous liquors, every hour during the apyrexia. I do not know that it possesses any superiority over the Quassia Gentian, Columbo &c. But as I have not known them tried, I shall not pretend to determine.

The Peruvian bark has always answered the most sanguine expectations. When the physician is called in at an advanced period of the disease, if, notwithstanding every effort to break its force, it still continues obstinate, and great weakness begins to ensue, recourse must be had

to stimulants and cordials, of these wine whey, musk, camphor, volatile alkali, and spirits of turpine, may be mentioned as among the most efficacious. They must be given in the low stage in liberal and repeated doses. A strict attention to diet is a very important part of the cure. It should therefore, not only be of a small quantity, but of the lightest kind, as rice, sago, arrow root &c

The patient may be allowed to eat often while convalescing but a small quantity at a time. fresh air and moderate exercise may be allowed, but never to that excess which produces debility. By persevering in the treatment which I have laid down, we may almost disarm death, as it were, and give to our names a glorious triumph.

Thus Gentlemen. I have taken a cursory view of the Remittent Inflammatory fever, and have to lament that my experience has been so limited. As I am well aware, of the many imperfections, which this thesis has sustained by it. It now only remains, for me to offer up to you my most grateful thanks, for the luminous instructions, which, I have received from your different departments,

in the science of Medicine. May each one of you enjoy that honor and happiness, which, you so deservedly merit, for your indefatigable exertions in the promotion of useful knowledge. May your lives be long! long! protracted. May all your philanthropic attempts be crowned with success. And may you wire deserved laurels at the temple of fame.

Ist Mecklenburg Dragoner Regiment
Ist Bataillon 2ten Hanseatischen Infanterie Regiments
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